

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/08/03.

I. DISPUTE

Whether there should be additional reimbursement for L3670.

II. FINDINGS

The respondent reduced payment based on “ZFK – The charge for this procedure exceeds the fee schedule or usual and customary allowance”.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/25/03	L3670	\$450.00	\$146.78	ZFK	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX Section 413.011(b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$303.22 recommended
Totals		\$450.00	\$146.78				The Requestor is entitled to reimbursement in the amount of \$303.22.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$ 303.22**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$303.22** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M4-04-4214-01

The above Findings, Decision and Order are hereby issued this 28th day of May 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc